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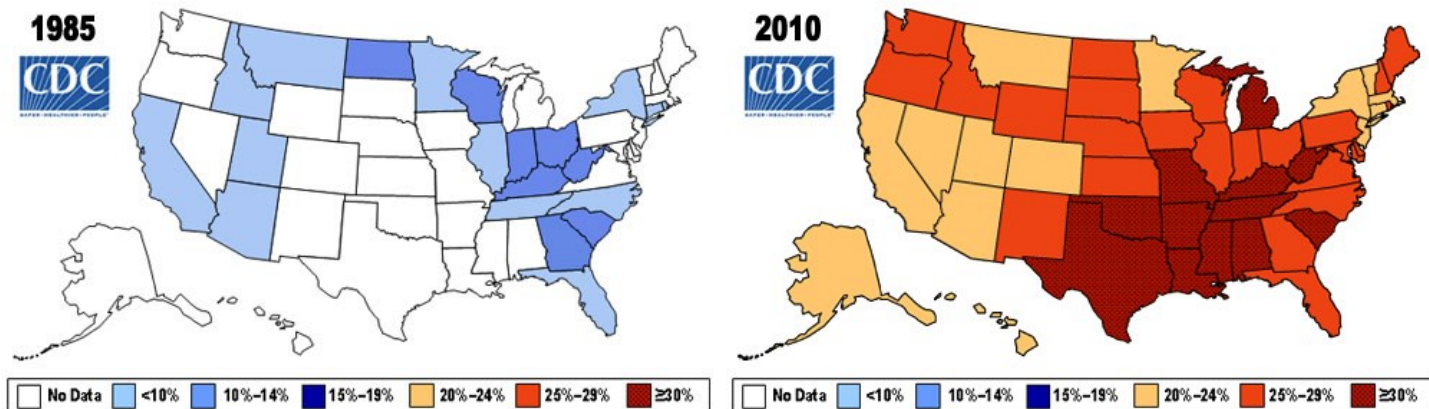
## Reproductive Health &amp; Wellness Program



## THIS ISSUE

- *The Obesity Epidemic*
- *Feminist Critiques of the Obesity Discourse*
- *Multiple Perspectives on Body Image*

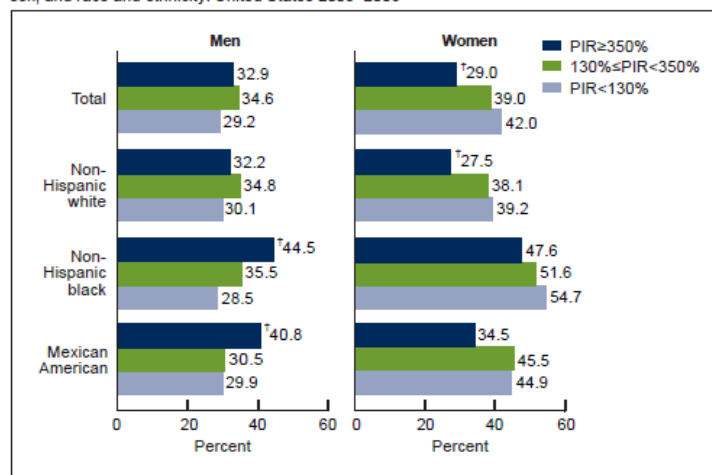
## OVERVIEW OF THE OBESITY EPIDEMIC



These maps describe the percentage of Americans who were obese over time. Since 1985, perhaps the only thing that has been upwardly mobile in the United States has been our collective waist size. The trend in obesity for our country has been unmistakable.

Obesity is an important public health issue because it has been shown to be significantly correlated with a number of very common preventable chronic diseases, including many types of cancer. This translates into lower life expectancy: obese individuals have more 1.5 times the chance of premature death than non-obese individuals<sup>1</sup>.

Figure 1. Prevalence of obesity among adults aged 20 years and over, by poverty income ratio, sex, and race and ethnicity: United States 2005–2008

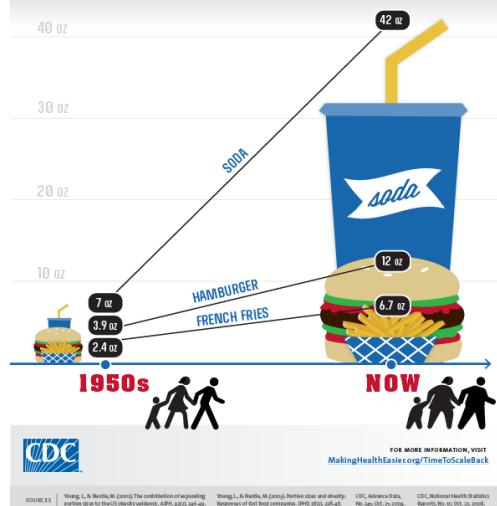


<sup>†</sup>Significant trend.

NOTES: PIR is poverty income ratio. Persons of other race and ethnicity included in total.  
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2005–2008.

## THE NEW (AB)NORMAL

Portion sizes have been growing. So have we. The average restaurant meal today is more than four times larger than in the 1950s. And adults are, on average, 26 pounds heavier. If we want to eat healthy, there are things we can do for ourselves and our community: Order the smaller meals on the menu, split a meal with a friend or eat half and take the rest home. We can also ask the managers at our favorite restaurants to offer smaller meals.



Obesity is an issue of concern for reproductive health practitioners because women have much higher rates of obesity than men. In addition, unlike among men, incidence of obesity in women is impacted significantly by socioeconomic status. Among Black and white women, lower socioeconomic status results in significantly higher rates of obesity<sup>2</sup>.

Like all health outcomes, obesity is a product of the complex interplay between society, economics, the environment, genetics, and individual behavior.

## BODY IMAGE AND CULTURAL IMAGINATION

One's ideal body image is inherited as a result of the interplay between one's cultural beliefs, peer group, and religion. The mass media with its increasingly broad outreach has lately been proclaimed as a dominant force in directing our ideas about sexuality and beauty. Media messages are distributed through various channels including the internet, magazines, television and music. The common term "We do what we see on T.V." has been ingrained into our minds and tends to take blame for certain social vices, inappropriate language and disruptive behavior in recognized in youth. With this in mind, it is not perplexing to realize how the mass media relates to ideal body image and sexuality.

In a popular research study by Rebecca Burwell and Anne Becker of the Harvard Eating Disorders Center, several women were studied on the island of Fiji between 1999 and 2002. The people who lived there traditionally valued larger bodies and associated this characteristic with higher status and wealth. After the 3 year introduction of many western television programs on the island, there was a tremendous inclination for younger women to reveal that they were too fat (74%), or were in the process of dieting within the last month (62%). The women reported in subsequent interviews

that they were trying to emulate what they saw on T.V.<sup>3</sup> This serves as a perfect example of the influence that media has on a population.

Just as many individuals watch movies or play video games that condone violence, yet decide not to pursue these violent acts, individuals reserve the same right to scrutinize, judge, and condemn the messages that are set forth by the media in regards to sexuality and beauty. Not a lot is mentioned about the time that is taken behind the scenes to create the perfect magazine photographs that today's youth aspires to. In addition, the media has a tendency to disregard dietary and mental health issues that are a result of its influence.

Unlike aggressive behavior and violence, which research has shown is encouraged through certain video games<sup>4</sup>, there are no immediate ramifications for disregarding one's health in order to become more attractive and gain attention from the opposite sex. Though individual beliefs and ideals have a role to play in the response to "what we see on TV", the desire to not be alone leaves many of our youth in the desperate world of complacency. These are real health issues that deserve the proper advocacy and attention by parents and teachers, as well as health educators.

## IDEALIZED BODIES

The evolution of the ideal body shape for women has been well documented since mass media came into existence, but the media has never been so pervasive in our daily lives as it is now. Women, and even worse, young girls are exposed every day to images of what our society considers to be the ideal female form: impossibly thin, toned, and eerily perfect. This is not to say that some women can't be or aren't naturally very thin, but "the gap between the size and shape of models and average American women has only continued to widen. As the average BMI of women has increased, models have remained significantly below average, often with BMIs of a mere 15 or 16—considered clinically underweight...The result is that, for a growing number of American women, the image of beauty portrayed by the media is simply impossible for them to achieve and potentially unhealthy even if they did achieve it"<sup>5</sup>

When was the last time you saw a stretch mark in an ad? Or any amount of fat? Or even a crease in a model's skin? While the alternative extreme of obesity is certainly concerning as well, inundating average people with an

(continued on p. 3)

## HORMONAL CONTRACEPTIVE EFFICACY IN OBESE WOMEN

In recent years, the discussion as to whether or not hormonal methods of contraception are effective for "overweight" and "obese" women has become common. Recently, it was revealed that the European version of Plan B emergency contraception would carry the warning that "the drug is completely ineffective for women who weigh more than 176 pounds and begins to lose effectiveness in women who weigh more than 165 pounds"<sup>6</sup>. News outlets eagerly picked up this story and noted that if this method was not effective, then this could be true for other methods as well. Redden writes that the average weight of an American woman over the age of 20 reported between 2007 and 2010 is 166.2 pounds—over the weight limit for when Plan B could begin to lose efficacy<sup>6</sup>.

The Cochrane Fertility Regulation Group published a collective meta-analysis of research studies focusing on weight and hormonal contraception in women. Their findings concluded that while there was little high quality research on the subject, only one of the studies (focused on combined oral contraceptive pills) "found more pregnancies among overweight or obese women using one of the combined birth control pills... Another study of a birth control pill found no trend with higher weight or BMI"<sup>7</sup>. With respect to other hormonal methods, the

authors wrote, "among skin patch users, more pregnancies were found among women weighing 80 kg or more. However, ... BMI was not related to pregnancy. An implant study had one pregnancy and an injectable study reported none"<sup>7</sup>. A second, unrelated study concluded that Depo-Provera and NuvaRing are "most effective for obese women because they don't appear to be affected by body weight... on the other hand, women using the combination contraceptive patch (Ortho-Evra) who weigh greater than 90 kg may experience decreased contraceptive efficacy"<sup>8</sup>. This article also states that both the World Health Organization and American College of Obstetrics and Gynecology suggest that hormonal methods of contraception are safe for clinically obese women and should be recommended for utilization over methods that are known to be less effective<sup>8</sup>.

Women in this society are constantly inundated with messages that they are not thin enough. Unfortunately, the issue of women's weight became the primary issue in the conversation around contraceptive effectiveness—a conversation that really has nothing to do with whether or not a woman needs to lose weight to be happy and healthy. The more important issue here is whether or not a woman is using the most effective method of contraception available to her. We tend to get



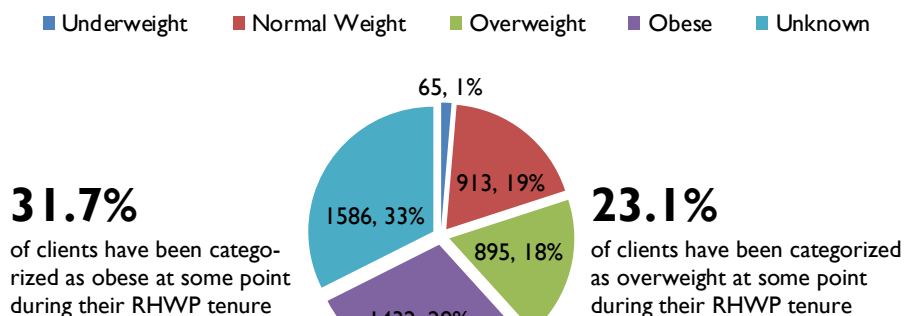
caught up in the number on the scale when it comes to assessing how healthy a person is, but we must remember to take into account height, genetic predispositions, body type, and myriad other factors. Expecting that a woman who is 6 feet tall will fall under the weight restrictions for Plan B efficacy is not healthy either. Heavier women have options if efficacy is of great concern. The Paragard IUD works without hormones and lasts the longest of any option, and Mirena IUD contains hormones that are more localized, as they are with the NuvaRing. There were not mentions of IUD efficacy in the research found, but one article noted that the data on Mirena efficacy are not available, suggesting that a study has not been done. In our program, *the body shop*, we make every effort to ensure that each woman is able to find the method of contraception that works best for her while also encouraging healthy habits when it comes to eating and exercising.

## IDEALIZED BODIES

image of what is considered 'ideal' that is impossible to achieve is extremely harmful. This image of perfection that we see as an end result in ads is often a feat of high achievement for the people in the ad. Consider that these are people who are paid to work out, eat well, and be made beautiful for a living. Based on the number of Photoshopped images of women in popular magazines that have come to light, even the women we consider to be the most beautiful in the world are modified significantly to embody an even more abstract ideal. Let's remember that every body shape is different and every person manages their weight differently. We hope you love the body that you're in and we hope that you're taking care of it in the best way that you know how.

## the body shop DATA UPDATE

### Distribution of BMI Category at Last Visit



## CRITIQUING THE FEMINIST RESPONSE TO THE OBESITY DISCOURSE

Feminist responses to the emphasis placed by public health practitioners on obesity prevention programs have tended to be critical of "fat-shaming" components of these programs while ignoring the negative health effects of this health condition. We cannot doubt that we live in a culture that puts women in double binds with respect to their weight: our society encourages over consumption through the pervasive marketing of unhealthy foods while simultaneously demanding that women aspire to impossibly (artificially) skinny body standards. But if the feminist perspective is used only for the purpose of taking a critical view of public health interventions targeted at obesity, then we are not effectively deploying the feminist analytic strategy to produce a more nuanced (and more helpful) critique.

One of the most popular arguments against the drive to define a "healthy" body norm comes from Susan Bordo in her landmark work *Unbearable Weight: Feminism, Western Culture, and the Body*. Here Bordo argues that the female body has been the site of numerous oppressive cultural constructions over time. Each time the body is constructed as a "problem" with a "solution" – the body as "overweight" and "obese" is another version of these constructions. Each iteration of bodily designation has worked to create a more op-

pressive concept of what it means to be a woman<sup>9</sup>. This process is facilitated by the public health system – a system that works, often through manufactured consent, to keep women's bodies constantly under surveillance and subject to intervention.

However, as attractive as this view may be to the average Western feminist, it is an essentially hegemonic picture of how obesity functions to produce harm in individual women. Since women are situated very differently with respect to mainstream body norms depending on their socioeconomic status, racial and ethnic heritage, and sexual orientation, to generalize that public health interventions are always already reifying the oppressive mainstream embodiment values is incorrect. By emphasizing the role of the subject in having or being denied agency in choosing what is her desired body weight, we end up saying that women are fundamentally personally responsible for their weight and subsequent health outcomes. Such admonitions are dangerous because they tend to produce medical discourses that ignore the community contexts in which obesity is produced.

A great deal of research has been produced that shows that obesity is far more likely to be a product of social inequality than individ-

ual responsibility<sup>10-12</sup>. Interventions focused on producing community contexts amenable to healthy nutritional and exercise habits are more effective than interventions that require behavioral, sometimes surgical, resolution<sup>13-15</sup>. Due to the fact that obesity is in fact a serious medical condition that results in lower life expectancy and increased morbidity over the life course, we risk ignoring a major issue of social justice by dismissing the medical discourse surrounding obesity as merely "fat-shaming".

The missions of public health practitioners and feminists (and feminist public health practitioners!) are not at odds. We can counter hegemonic views of what constitutes an ideal female body by using the deconstructive approach that postmodern feminism provides. We can counter the victim-blaming view of conservative "personal-responsibility" approaches to obesity by understanding this health outcome to be socially constructed. By being nuanced in our application of feminist principles, we that work in public health can collaboratively craft interventions that reduce the incidence of obesity without erecting idealized notions of women's bodies.

## MEN'S HEALTH

Interested in the Men's Health Initiative for your organization?  
Contact the program coordinator:  
[eric.washington@cincinnati-oh.gov](mailto:eric.washington@cincinnati-oh.gov)



The Men's Health Initiative has pioneered a new module to encourage young men to use safe sex practices. This module, called "Condoms 101", provides young men with knowledge about different types of condoms and the best strategies for using them during sexual encounters.



# REPRODUCTIVE HEALTH & WELLNESS PROGRAM

Reproductive Health Suite  
Clement Health Center  
Cincinnati Health Department  
3101 Burnet Avenue  
Cincinnati, OH 45229

RHWP Hotline:  
513-357-7341

Appointment scheduling through the CHD Call Center:  
513-357-7320



**The Reproductive Health and Wellness Program (RWHP) or the body shop**, is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled nearly 5,000 individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

jennifer.mooney@cincinnati-oh.gov

## April 16 is National Stress Awareness Day!

Use birth control and you'll have  
one less thing to worry about !

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